

JD

UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

08 5870

Eugene Wells

~~Norristown State Hospital Dept. of Public Welfare~~
Plaintiff

v.

~~Eugene Wells~~ Norristown State Hospital Dept. Public Welfare PA.
Defendant

COMPLAINT

- 1.) Fill in your address (street, city or town, state, and zip code):

Harbor lights Apt. 1032 Radcliffe St Apt B-5
Bristol PA 19007

- 2.) Defendant's address is (street, city or town, state, and zip code):

1001 Sterigero St
Norristown PA 19401

- 3.) **Statement of Claim:**

Fill in the facts of your case, and state why you are filing this lawsuit. Give names, dates, and places as best you can.

I was subjected to Discrimination
Racism, harassment and violation of
Civil rights.

4.) Fill in what you are requesting in this case:

compensation for pain and suffering
traumas of racism and harassment

5.) If you filed charges with the Equal Employment Opportunity Commission or with the Pennsylvania Human Relations Commission, please attach a copy of the Notice-of-Right-to-Sue letter.

6.) If there is a right to a jury trial in your type of case, do you want one?

Yes ☒ No ☐

Eugene Wells
(Your Signature)

I declare under penalty of perjury that the information filled in is true and correct.

12/18/08
(Date)

Eugene Wells
(Your Signature)